

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 1 3

2. STATE:

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 13, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR, part 436, Subpart J

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 11 of Section 2.1 (c)

*** See Remarks

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Delete Attachment 2.1.-A

Puerto Rico (03-013)
Approved: 02/24/04
Effective: 08/13/03

10. SUBJECT OF AMENDMENT:

State Plan Definition of HMO

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted to the Governor's Office

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Johnny Rullán, MD, FACPM

14. TITLE:

Secretary of Health

15. DATE SUBMITTED:

September 26, 2003

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 30 2003

18. DATE APPROVED:

FEB 24 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/13/2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

Originally submitted page has been revised, replaced and approved.

[PUERTO RICO] MEDICAID STATE PLAN

11

Revision: HCFA-PM- (MB)

State/Territory: [Puerto Rico]

Citation

42 CFR
436 Subpart J.

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

x For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) and
1905(a) of the
Act

 (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

1902(a)(47) and
1920 of the Act

 (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

TN # 03-13
Supersedes TN # 94-1

Effective Date 08/13/03
Approval Date ~~FEB 24 2004~~